

hawk-i

(Healthy & Well Kids In Iowa)



Annual Report of the *hawk-i* Board
to the Governor, General Assembly
and Council on Human Services
Calendar Year 2006

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EXECUTIVE SUMMARY

Annual Report of the *hawk-i* Board to the Governor, General Assembly and Council on Human Services

Calendar Year 2006

Iowa Code Section 514I.5(g) directs the *hawk-i* Board to submit an annual report to the Governor, General Assembly, and Council on Human Services concerning the Board's activities, findings and recommendations. Highlights of the report are listed below:

Budget: Congress authorized funding for the SCHIP program for ten years, through Federal Fiscal Year (FFY) 2007 (ending September 30, 2007). However, the current funding formula has resulted in surplus funding for some states in some years and shortfalls in others. As enrollment grows, more states are experiencing shortfalls. In order to continue the program and meet current and expected service level demands, Congress must take action to reauthorize or extend funding at an adequate funding level before the authorizing legislation sunsets. If full federal funding is not received, Iowa projects a shortfall of \$15.8 million dollars in federal funding for FFY 2007. This is based on the Department's projection that the current FFY 2007 allotment of \$36,229,776 will run out in June 2007. Therefore, to continue the program at current levels, Iowa will have to use 100% state funding between June and October 2007 until the FFY 2008 allotment is available; this assumes that the SCHIP program is reauthorized.

If SCHIP is extended or reauthorized using the current funding formula, and at current funding levels, Iowa projects that an additional \$23.5 million in state funds will be needed (for a total of \$48.2 million) in SFY 2008 to maintain current enrollment levels.

Enrollment: The *hawk-i*, Medicaid Expansion, and Medicaid Programs continued to experience growth in 2006. Total enrollment in all programs as of October 31, 2005 was 194,836, as of October 31, 2006 enrollment was 200,159, an increase of 5,323 (3%) children.

Outreach: Identifying uninsured children in Iowa through community outreach efforts remains a primary focus of the Board. The Iowa Department of Public Health continued to provide oversight of a statewide outreach program. Local child health agencies develop and execute approved outreach plans. Community outreach workers focus on outreach to schools, faith-based communities, health care providers, and underserved populations.

Office of Inspector General Audit of Iowa's SCHIP Program: On November 19, 2002, the Department was notified by the Centers for Medicare and Medicaid Services (CMS) that the Office of Inspector General (OIG) would conduct a SCHIP audit in Iowa beginning in December 2002. The audit covered the period of July 1, 2000, through June 30, 2002. Two years later, on December 6, 2005, the Department received the OIG draft report of audit findings. The Department responded to the draft OIG report of audit findings on February 24, 2006.

On October 20, 2006, the OIG released the final report to CMS. The Department's response to CMS is due December 20, 2006. The response to CMS will dispute several of the findings and the method by which the overpayment was calculated. It will be up to CMS to determine the final amount of funds that have to be paid back, if any.

The Department and the *hawk-i* third party administrator have implemented a number of changes that address issues raised by the OIG audit: 1) Performance measures have been added to the contract with the third party administrator, 2) system edits have been put in place to prevent duplicate payments to health and dental plans, 3) automated referral processes, 4) automated match with the Medicaid enrollment system to prevent duplicate coverage, and 5) commercial health insurance data match is being implemented to assure that children with commercial health coverage are not enrolled in the *hawk-i* Program.

Payment Error Rate Measurement (PERM): The Improper Payments Act of 2002 requires the Center for Medicare and Medicaid to estimate improper payments (due to overpayments, underpayments, and payments made to ineligible persons) in the Medicaid and SCHIP programs. The PERM program operates on a FFY basis (October 1 – September 30). Iowa will participate in FFY 2008 and every three years thereafter. The intended effect of this project is to reduce the rate of improper payments and produce an increase in program savings at both the State and Federal levels.

No additional funding has been made available and there continues to be concern across all states that the fiscal impact providing claims information and technical assistance to contractors, conducting eligibility reviews, and implementing corrective actions will be very costly to states.

Health and Dental Plans: Three health plans and two dental plans provided benefits to children participating in the *hawk-i* Program: AmeriChoice from the United Healthcare of the River Valley, Inc. (managed care plan, formerly known as John Deere health plan), Wellmark Classic Blue (Indemnity) and Wellmark Health Plan of Iowa (managed care) provided health benefit coverage. Delta Dental of Iowa provides dental benefits in counties where AmeriChoice health plan is offered and Blue Access Dental is offered in counties where Wellmark Classic Blue and Wellmark Health Plan of Iowa are offered. Currently, families in 43 counties have a choice between two managed care health plans.

The *hawk-i* Board remains very committed to meeting challenges set forth by the Governor and Iowa General Assembly ensuring that Iowa's children have access to quality health care coverage. The Board has been supported in its work by the Department of Human Services, Department of Public Health, Department of Education, Division of Insurance, advisory committees, health plans, advocacy groups, and providers.

Respectfully submitted,

hawk-i Board

ANNUAL REPORT OF THE *hawk-i* BOARD Calendar Year 2006

I. BUDGET:

A. Federal Funding Issues:

The State Children's Health Insurance Program (SCHIP) was created via Title XXI of the Social Security Act. Title XXI enables states to provide health care coverage to targeted low-income, uninsured children who are not eligible for regular Medicaid.

Prior to Federal Fiscal Year (FFY) 2005, states were allocated federal funding based on the estimated number of uninsured children in the state who could qualify for the Program. In FFY 2006 the allocation formula was based on 50 percent of the number of low-income children for a fiscal year and 50 percent of the number of low-income uninsured children defined in the three most recent current population surveys of the Bureau of Census, with an adjustment for duplication. In order to draw down approximately \$3.00 of federal funds, the state must spend approximately \$1.00 in state funds.

Although Iowa received \$26,986,944 in federal funding in FFY 2006, Iowa was one of fourteen states that projected a funding shortfall in FFY 2006. Congress appropriated \$283 million to cover the shortfall states and Iowa received a supplemental federal allotment of \$6,108,982 to cover the SFY 2006 shortfall.

Iowa's allotment of federal funds allotment increased in FFY 2007 to \$36,229,776, an 11.61% increase over the original federal allotment in FFY 1998.

Federal Fiscal Year Allotments

Federal Fiscal Year (FFY)	Allotment	Dollar Variance from Original FFY Allotment	Percent Variance from Original FFY Allotment
1998	\$32,460,463		
1999	\$32,307,161	- \$153,302	- .47%
2000	\$32,282,884	- \$177,579	- .54%
2001	\$32,940,215	+ 479,752	+1.4%
2002	\$22,411,236	- \$10,049,227	- 30.9%
2003	\$21,368,268	- \$11,092,195	- 34.2%
2004	\$19,703,000	- \$12,757,463	- 39.3%
2005	\$28,266,206	- \$4,194,257	- 12.9%
2006	\$26,986,944	- \$5,473,519	- 16.8%
2007	\$36,229,776	+\$3,769,313	+11.61%

Congress authorized funding for the SCHIP program for ten years, through FFY 2007 (ending September 30, 2007). However, the current funding formula has resulted in surplus funding for states in some years and shortfalls in others. As enrollment grows, more states are experiencing shortfalls. In order to continue the program and meet current and expected service level demands, Congress must take action to reauthorize or extend funding at an adequate funding level before the authorizing legislation sunsets. If full federal funding is not received, Iowa projects a shortfall of \$15.8 million dollars in federal funding for FFY 2007. This is based on the Department's projection that the current FFY 2007 allotment of \$36,229,776 will run out in June 2007. Therefore, to continue the program at current levels, Iowa will have to use 100% state funding between June and October 2007 until the FFY 2008 allotment is available; this assumes that the SCHIP program is reauthorized.

If SCHIP is extended or reauthorized using the current funding formula and at current funding levels, Iowa projects that an additional \$23.5 million in state funds will be needed (for a total of \$48.2 million) in SFY 2008 to maintain current enrollment levels.

A copy of Iowa's allotment and expenditure history is attached.

B. State Funding Issues:

The total appropriation of state funds for SFY 2006 was \$19,113,137 inclusive of \$2,062,614 *hawk-i* trust fund dollars held in reserve at SFY 2005 year-end and \$282,248 in trust fund interest and grants. Of this amount, \$15,652,158 was expended. Thus, the program ended SFY 2006 with a balance of \$3,460,979 in the *hawk-i* trust fund that was taken into account in the development of the SFY 2007 budget request.

A copy of the SFY 2006 expenditure report and the SFY 2007 budget are attached. These reports reflect state-only dollars.

Attachment 1: Allotment and Expenditure History, SFY 2006 Final Budget Report, SFY 2007 Budget

II. ENROLLMENT:

A. Enrollment:

The *hawk-i*, Medicaid Expansion, and Medicaid programs continued to experience growth in 2006.

Growth in Program's Enrollment

Program	Enrollment as of October 31, 2005	Enrollment as of October 31, 2006
Medicaid	158,722	163,315
Medicaid Expansion	15,884	15,984
hawk-i Program	20,230	20,860
Total Enrollment	194,836	200,159

*Updated 11/15/2006

From January 1, 2006, through October 31, 2006, the **hawk-i** Program received 25,812 applications; approximately 6,346 (24%) were referred to Medicaid.

*Attachment 2: Organization of the **hawk-i** Program Chart, History of Participation of Children in Medicaid and **hawk-i**, Iowa's SCHIP Program Combination Medicaid Expansion and **hawk-i***

B. Unduplicated Number of *hawk-i* Children Ever Enrolled by Federal Fiscal Year:

The table below reflects the number of children enrolled (unduplicated) in the **hawk-i** Program at any time during the FFY (October 1 through September 30) by federal poverty level for FFYs 2000 through 2006. Each child enrolled in **hawk-i** is counted once regardless of the number of times he or she was enrolled or re-enrolled in the Program during the year. This unduplicated count represents the total children served by the Program rather than point-in-time enrollment.

Unduplicated Number of *hawk-i* Children Ever Enrolled by Federal Fiscal Year

	Federal Poverty Level				Total Children Served
	<=100%	>100%<=150%	>150%<=200%	>200%	
Federal Fiscal Year 2000	285	4,840	3,416	158	8,699
Federal Fiscal Year 2001	679	8,760	6,977	256	16,672
Federal Fiscal Year 2002	682	10,415	10,034	3	21,134
Federal Fiscal Year 2003	956	10,617	11,486	0	23,059
Federal Fiscal Year 2004	1,235	11,595	13,810	0	26,640
Federal Fiscal Year 2005	1,236	13,420	15,453	0	30,109
Federal Fiscal Year 2006	1,018	13,072	17,729	0	31,819

III. OUTREACH:

The Balanced Budget Act of 1997 requires states to conduct outreach activities. The Department continues to educate the public about the *hawk-i* Program by giving presentations to various groups who can assist with enrolling uninsured children in the *hawk-i* Program.

A. Structure:

On July 11, 2006, the Department of Human Services (DHS) contracted with the Iowa Department of Public Health (IDPH) to provide oversight for a statewide *hawk-i* grassroots outreach program. The three-year contract for the period July 1, 2006, through June 30, 2009 includes three one-year extensions that can be approved by the *hawk-i* Board. The contract includes performance measures, which were not part of the previous contract.

DHS continues to provide leadership resulting in an effective collaboration between DHS, IDPH, and the *hawk-i* Board. IDPH subcontracts with the Bureau of Family Health and their local community-based Title V child health agencies. Each child health agency designates a local outreach coordinator to conduct community outreach efforts. Additionally, there is one state outreach coordinator responsible for coordinating outreach activities statewide.

Local child health agencies develop and execute approved outreach plans. The plans include action steps that address outreach to, but are not limited to, schools, the faith-based community, health care providers, and underserved populations in the communities they serve.

The following summary highlights effective outreach strategies at both the statewide and local level.

B. Outreach to Schools:

As in previous years, emphasis was placed on back-to-school outreach campaigns. DHS mailed a total of 500,000 *hawk-i* brochures to Iowa schools to be sent home with every child in August 2006.

The state outreach coordinator, along with IDPH Covering Kids and Families (CKF) staff and Polk County coordinators, put on a highly successful back-to-school campaign using a multi-faceted outreach approach. The national CKF office placed commercials on targeted TV channels encouraging families to make health coverage a priority for their children and information on how to apply for the *hawk-i* program. Additionally, commercials were aired on

targeted radio stations. Media outreach resulted in a 37% increase in calls to the **hawk-i** third party administrator's call center (*Attachment 3*).

A successful press conference kicking off back-to-school activities took place at the House of Mercy in Des Moines. Local press and various community leaders attended the press conference. Following the press conference, a health fair was held at McKinley Elementary. Children received information on how to apply for the **hawk-i** and Medicaid Programs. Additionally, school physicals, immunizations, school supplies, and information on various community programs were distributed. Many local medical professionals and other community volunteers helped to make this event a success.

Outreach was also conducted at various educational conferences and events statewide targeting school nurses, teachers, and parents. Materials were distributed to parents of children entering kindergarten. Additionally, bookmarks were made available to all children through the First Lady's kindergarten literacy program.

At the local level, coordinators worked with local schools throughout the year to reach eligible children and assist families in enrolling their children in the **hawk-i** Program. Coordinators also continued outreach efforts with Head Start agencies, Area Education Associations, empowerment boards, Parent Teacher Associations, and Iowa's Early Access program.

C. Outreach to the Faith-based Community:

Outreach coordinators continued to work with their local faith-based communities through local ministerial associations and churches across Iowa. Outreach activities included mailings to local churches and presentations at church meeting and various religious groups. Outreach activities also occurred with many of the private faith-based schools across Iowa.

Materials were made available at church resource fairs, Sunday school classes, bible camps, picnics, and bazaars. Additionally, **hawk-i** training was provided to parish nurses in central Iowa.

D. Outreach to Medical Providers:

IDPH continued to make inroads in developing successful outreach efforts with medical providers. Coordinators worked with hospitals, medical clinics and oral health offices across the state to make sure they had an ample supply of **hawk-i** material.

Presentations were made to office managers and billing staff working in medical facilities. Local medical stakeholders are provided local coordinator contact

information in the event they have questions about the **hawk-i** program or they know of a family that needs assistance in completing an application.

A collaborative effort between the State outreach staff and staff from IDPH's Oral Health Bureau produced an informative flyer that was sent to all the dental providers in Iowa. The flyer provided information to educate providers about the **hawk-i** Program and the advantages of accepting clients that participate in the Program. A local outreach coordinator map was included with the flyer so that dental offices can contact their local outreach coordinators for assistance.

Delta Dental of Iowa distributed **hawk-i** information at their statewide dental conference. Over 500 pieces of material was handed out at this conference.

State outreach staff gave a presentation to the association of free clinics and asked them to assist in reaching out to their uninsured population. New Community Health Centers (CHCs) are being established every year in many of Iowa's communities. CHCs were created to be the safety net for the country's uninsured population. The relationship between **hawk-i** outreach coordinators and the CHCs are continuing to strengthen and new avenues are being explored. Presentations were also given at medical conferences in addition to having **hawk-i** material available.

E. Outreach to Diverse Ethnic Populations:

A large emphasis continues to be placed on reaching out to underserved populations in Iowa. Outreach efforts have been successful in reaching diverse ethnic populations through contacts with health and dental providers offering direct services to this targeted population.

Outreach was conducted through local and state ethnic health fairs and conferences, such as Central Iowa's Asian & Latino Heritage Festival, Central Iowa's Healthy Pow Wow, and Sioux City's Cinco de Mayo celebration. Outreach was also conducted through local ethnic radio stations, churches with diverse populations, YMCAs, ethnic publications, and English as a second language classes.

The back-to-school fairs at McKinley Elementary and The Shalom Zone in Des Moines targeted Latino and African American families.

Coordinators continued to also work with businesses that either employ or provide retail goods or services to diverse ethnic populations. Coordinators were also offered access to informative Webinars (Web-based seminar, a presentation, lecture, workshop, or seminar that is transmitted over the Web). A key feature of a Webinar is its interactive elements -- the ability to give, receive, and discuss information with diverse populations.

State outreach staff also attended an annual American Indian Symposium to learn new ways to engage the Native American population.

F. Additional Activities:

Coordinators continue to focus on finding new avenues to conduct outreach for the **hawk-i** Program that move beyond the initial four focus areas. These include:

- 1) Working with local government agencies (county treasurers, courthouses, police, and sheriff offices).
- 2) Working with the growing presence of Payday Loan businesses.
- 3) Working with the McDonalds franchise in Marshalltown to place **hawk-i** information on their tray liners.
- 4) Staffing a booth at the 2006 Iowa State Fair.
- 5) Working with the Institute for Social and Economic Development to have **hawk-i** information available at tax preparation assistance sites. Families with income levels eligible for a tax credit may also be eligible for the **hawk-i** Program.
- 6) Setting up exhibits at entrepreneur business and farm conferences to engage stakeholders in promoting the **hawk-i** program.

G. Training:

Outreach coordinators received training throughout the year to assist them with their efforts:

- 1) Outreach to diverse populations was emphasized in trainings held over the past year.
- 2) Coordinators were required to attend a session called "Outreach Is More Than Handing Out a Brochure." The presentation was designed to educate outreach coordinators on how to enhance their service delivery to minority, immigrant, and refugee populations.
- 3) Two outreach taskforce meetings were held. Coordinators shared their best practices and were updated on program and policy changes

*Attachment 3: **hawk-i** Call Center Activity Increases 37% in August 2006, How Applicants Heard About **hawk-i** in Calendar Year 2006*

IV. WELLMARK GRANT AWARDED TO STUDY APPLICATION BARRIERS:

The Department received a two-year, \$100,000 grant from the Wellmark Foundation in June 2004. The grant funded a study to find out why people who apply for coverage under Medicaid and **hawk-i** don't ultimately become eligible.

The Department contracted with University of Iowa Public Policy Center to design and conduct a statistically valid study to identify the root causes of why families who apply for **hawk-i** or Medicaid can't or don't complete the application process in order to attain health care coverage for their children. In addition, the study was designed to look at the impact of reapplications on families and the resulting administrative burden on the Department. The study was conducted through client focus groups; site visits to local DHS offices and a written survey.

The University of Iowa Public Policy Center submitted the final Barriers to Enrollment for Children in the Iowa **hawk-i** and Medicaid Programs report to the Department in September 2006. The final report was presented to the Wellmark Foundation Board on November 2, 2006.

The majority of the issues identified in the report fall into four general areas:

- 1) Communication between the Department and applicants.
- 2) Inconsistent policies across programs (Medicaid, Food Assistance, Family Investment Program, etc.) that lead to confusion for families.
- 3) Computer system limitations.
- 4) Application availability and the amount of assistance provided to applicants during the application process.

Based on the findings, the Department is developing strategies to address barriers identified in the study:

- 1) The Department has established a work group to develop a standardized request for information form. The study identified a major barrier as being that applicants oftentimes don't understand what is being asked of them. As a result, their application is denied for failure to provide information necessary to establish eligibility. A standardized form will be created with focus on clarity of the information, appropriate literacy levels, and tone of message. The Department intends to utilize the services of a literacy expert in the development and translation of the form into Spanish. The remaining balance of the grant will be used for this effort.
- 2) The Department funded a six-month project called "The Income Maintenance Process Improvement Project" that began in April of 2006. The Department issued a Request for Proposals and contracted with Policy Studies Inc. (PSI) to manage the project. The purpose of the project was to evaluate the current method of service delivery; leading to recommendations for improving access and services to clients, and for providing much needed relief to eligibility workers facing larger and more complicated caseloads. Many of the recommendations made by PSI will address barriers identified in the University of Iowa study. Specifically, PSI recommended:

- That a centralized call center be established so that applicants and recipients across the state can call to ask general questions, receive assistance in completing program applications, and report changes in their circumstances. The call center will also create access to more bi-lingual staff to better serve callers. This will ensure that applicants and recipients can always reach a “live” person and will reduce call volume for local office staff. Funding for this project has been included in the Department’s SFY 2008 budget.
 - That policy changes be made in several areas to align and simplify program requirements. Department staff is currently working to implement some of these recommendations.
- 3) The Department is committed to increased use of technology to create improved customer access and to provide better customer services. The Department is developing on-line program applications and utilizing e-forms to minimize redundant recording of information. These advances will increase the impact of the centralized call center.
 - 4) Department management staff has visited other states for an overview of how they are utilizing new technology to improve customer service, manage increasingly complex caseloads and provide services and benefits. The Department’s information technology staff is currently exploring how this technology can be utilized in Iowa and identifying needed resources.

V. U. S. DEPT. OF HEALTH & HUMAN SERVICES’ OFFICE OF INSPECTOR GENERAL’S (OIG) AUDIT OF IOWA'S SCHIP PROGRAM

On November 19, 2002, the Department was notified by the Centers for Medicare and Medicaid Services (CMS) that the Office of the Inspector General (OIG) would conduct a SCHIP audit in Iowa beginning in December 2002. The audit covered the period of July 1, 2000, through June 30, 2002. A chronological list of events; CMS site visit, OIG audit reports, and Department responses is listed below:

- CMS conducted a site visit of the Medicaid and **hawk-i** Programs on September 2nd and 3rd 2003. The final report on the site visit, issued in February 2002, states, “The Iowa Medicaid and **hawk-i** programs were reviewed and found to be in compliance with Federal and State requirements.” The OIG findings are thus inconsistent with the findings of CMS for this same audit period
- The Department received the preliminary audit report from the OIG in September 2003. The Department prepared a response to the preliminary audit findings in October 2003.

- Two years later, on December 6, 2005, the Department received the OIG draft report of audit findings. The Department responded to the draft OIG audit report on February 24, 2006.
- On March 15, 2006, the Department received OIG's unofficial response to the Department's February 24, 2006 comments. The Department again responded with comments to the OIG's unofficial response on April 27, 2006.
- On October 20, 2006, the OIG released the final report to CMS. The Department's response to CMS is due December 20, 2006.

The Department's response to CMS will dispute several of the findings and the method by which the overpayment was calculated. It will be up to CMS to determine the final amount of funds that have to be paid back, if any.

Program Improvements Already Made

The Department and the *hawk-i* Program's third-party administrator had previously implemented a number of changes that address some of the issues raised by the OIG in this audit. These changes include:

- A re-designed application form that helps ensure questions are not overlooked by the applicant or the eligibility worker,
- A new contract with the *hawk-i* third-party administrator that includes performance measures related, in part, to the correctness of eligibility determinations specifically dealing with quality control and oversight of the third-party administrator,
- Implementation of a pre-populated renewal form that contains all of the information previously provided by the family except for income information, which again helps ensure questions are not overlooked by the applicant or the eligibility worker,
- A re-designed automated match with children newly approved for Medicaid to ensure *hawk-i* eligibility is canceled at the earliest possible date,
- Obtained legislative authority to conduct a match of children enrolled in commercial health insurance plans with the *hawk-i* enrollment file to identify any children who are insured,
- Implementation in October 2001 of system edits to prevent duplicate payments to health plans,

- Implementation in July 2004 of an automated referral process which allows Medicaid eligibility workers to electronically refer children to **hawk-i** who are denied or canceled from Medicaid due to excess family income, and
- Implementation in January 2004 of an online application which allows families to complete and file a **hawk-i** application via the **hawk-i** website and which does not permit applications to be submitted with unanswered questions.

VI. PAYMENT ERROR RATE MEASUREMENT (PERM) PROJECT

The Improper Payments Act of 2002 (Public Law 107-300) requires the Center for Medicare and Medicaid Services (CMS) to estimate improper payments (due to overpayments, underpayments, and payments made to ineligible persons) in the Medicaid and SCHIP Programs. CMS has hired three contractors to perform annual reviews, with each state participating on an every three-year rotation basis, of Medicaid fee-for-service claims, SCHIP fee-for-service claims, Medicaid managed care capitation claims, and SCHIP managed care capitation payments. Additionally, States will be required to review Medicaid and SCHIP eligibility. CMS and the national contractors will estimate the amount of improper payments, and report these estimates to Congress and, if necessary, submit a report on actions the state agency is taking to reduce erroneous payments.

The PERM program operates on a FFY basis (October 1 – September 30). Iowa will participate in FFY 2008 and every three years thereafter. The intended effect of this project is to reduce the rate of improper payment and produce an increase in program savings at both the state and federal levels.

No additional federal funding has been made available and there continues to be concern across all states that the fiscal impact providing claims information and technical assistance to contractors, conducting eligibility reviews, and implementing corrective actions will be very costly to states.

VII. ANALYSIS OF FUNCTIONAL HEALTH ASSESSMENT SURVEY

The Clinical Advisory Committee was created by the Legislature as part of House File 2517 to advise the Board on coverage issues and outcome measures for the **hawk-i** Program.

As part of the quality assurance activities for the **hawk-i** Program for SFY 2006, the Department and Clinical Advisory Committee requested that the Iowa Foundation for Medical Care analyze baseline and follow-up functional health assessment survey data.

The Impact on Access and Health Status in the **hawk-i** Program: Analysis of Functional Health Assessment Surveys (baseline and follow-up) report analyzes

information valuable for assessing both accessibility and utilization of services in the *hawk-i* Program.

This report analyzes baseline and follow-up functional health assessment survey data and evaluates the effect of the *hawk-i* Program in access to care, health status, and the family environment of enrolled children. Parent/ guardian responses to an initial survey given at the time of enrollment (the baseline survey) are compared to responses to a follow-up survey received after their child(ren) have been enrolled in the *hawk-i* Program for approximately one year.

Each household with a child enrolled in the *hawk-i* Program is asked to participate in this study. To avoid duplication, MAXIMUS (the third party administrator) randomly selected one child per household to be included in the survey process. The parent or guardian of the selected child completed a survey as it related to the selected child's health and dental care.

The initial enrollment survey asked questions based on the 12-month period prior to joining the *hawk-i* Program, including questions on the child's health status, presence of chronic conditions, physical and behavioral/emotional limitations, and access to healthcare (medical, dental, mental health, prescriptions, and vision). The follow-up survey asked the same questions as the initial survey, with additional questions regarding the specific health and dental plan in which the child was enrolled. Additional questions regarding access to chiropractic and substance abuse care were added to the follow-up survey.

A tested study design was utilized to evaluate the effect of the *hawk-i* Program on access to care and the health status of members after one year in the program. A data collection process was used, beginning with a mailed survey and continuing with a telephone data collection process for non-respondents to the follow-up survey.

A summary of the evaluation of the differences in responses before and after enrollment in the *hawk-i* Program in 2005 and 2006 report positive results:

***hawk-i* Comparative Analysis of Functional Health Assessment Survey
Comparative Analysis 2005 to 2006**

<i>After being in the hawk-i program for one year:</i>	2005 Report		2006 Report	
	Before	After	Before	After
Medical Care				
▪ children were less likely (or just as likely) to need health care than when they joined	65.2	65.1	64.2	60.5
▪ children were less likely to be stopped from getting needed care	19.5	4.9	14.6	5.5
▪ children were less likely to be delayed in getting needed care	28.9	7.2	24.7	6.6
▪ children were more likely to have 'always' received needed care for an illness or injury	54.0	71.5	57.2	72.3

<i>After being in the hawk-i program for one year:</i>	2005 Report		2006 Report	
	Before	After	Before	After
Specialty Care				
▪ children needed to see a specialist at rates similar to when they joined	37.8	37.9	39.2	38.3
▪ children were less likely to be stopped from getting specialty care	22.7	8.9	18.2	11.2
▪ children were less likely to be delayed in getting specialty care	31.8	11.5	26.8	12.3
Dental Care				
▪ children needed dental care at the same rate as when they joined	46.0	47.7	44.8	46.4
▪ children were more likely to have a regular source of dental care	80.7	87.7	82.0	88.1
▪ children were less likely to be stopped from getting dental care	22.0	8.2	17.8	7.1
▪ children were less likely to be delayed in getting dental care	22.8	8.5	18.6	7.6
▪ children were more likely to have had a dental visit in the past year	53.1	68.7	56.3	71.1
Preventive Care				
▪ children were more likely to have 'always' received needed routine preventive care (e.g., physical exams or vaccinations)	63.2	84.2	67.8	85.1
▪ children had a similar need for vision care	27.9	28.4	27.3	28.3
▪ children who needed vision care were less likely to have been stopped from receiving such care	29.6	11.3	21.5	11.0
▪ children who needed vision care were more likely to have had an eye exam within the last 12 months	64.1	82.2	70.2	78.2
Medical Care				
▪ children had a similar need for behavioral or emotional care	15.3	15.0	14.9	13.2
▪ children who needed behavioral or emotional care were less likely to be stopped from receiving such care	35.8	14.6	24.9	16.0
▪ children's need for prescription medicine increased	70.4	74.1	69.8	71.5
▪ children were less likely to have been stopped from receiving prescription medicines	15.5	11.0	13.6	10.6
Health Status				
▪ children were more likely to have been able to perform their normal activities without illness	79.8	81.7	80.1	82.8
▪ children's overall health was reported to be excellent	44.9	48.1	46.0	48.3
Impact on Families				
▪ family worries about the ability to pay for health care was reduced significantly (X% worried 'a great deal' before vs. X% after),	53.8	18.5	49.8	20.4
▪ family activities of significantly fewer children were limited because of concerns about health care costs	22.1	12.5	19.3	12.0
▪ significantly more parents had health insurance	52.0	60.3	54.2	61.6

VIII. PARTICIPATING HEALTH and DENTAL PLANS:

Three health plans and two dental plans provided benefits to children participating in the *hawk-i* Program in 2006:

- AmeriChoice from the UnitedHealthcare of the River Valley, Inc. (formerly known as John Deere Health Plan) and Delta Dental of Iowa
- Wellmark Classic Blue (Indemnity) and Blue Access Dental
- Wellmark Health Plan of Iowa (WHPI-managed care) and Blue Access Dental

On June 19, 2006, the *hawk-i* Board approved a contract amendment changing the name John Deere Health Plan, Inc. to AmeriChoice from the UnitedHealthcare Plan of the River Valley, Inc. The name change became effective October 1, 2006.

In April 2006, AmeriChoice managed care plan began offering coverage to *hawk-i* eligible children in an additional 20 counties. November 1, 2006, AmeriChoice expanded coverage in an additional 4 counties. AmeriChoice now offers health care coverage in a total of 39 counties. Delta Dental of Iowa provides dental benefits in counties where children are enrolled in the AmeriChoice Health Plan.

The Department entered into a contract with Wellmark Health Plan of Iowa (WHPI), a managed health care plan. In September 2006, WHPI began offering coverage in 65) counties. In October 2006, WHPI expanded into 1 county and beginning November 2006 an additional 3 counties (for a total of 69 counties). Blue Access Dental provides dental benefits in counties where children are enrolled in the WHPI health plan.

Currently, families in forty-three (43) counties have a choice of managed care health plans.

With the expansion of AmeriChoice and WHPI, Wellmark Classic Blue, an indemnity health plan, is now offered in twenty-nine (29) counties. Blue Access Dental provides dental benefits in counties where children are enrolled in Wellmark Classic Blue health plan.

A. Health Plan Enrollment

As of October 31, 2006, the *hawk-i* Program enrollment in contracted health and dental plans was:

Health and Dental Plan	Enrollment as of October 31, 2006
AmeriChoice (formerly John Deere Health Plan) and Delta Dental of Iowa	9,848
Wellmark Classic Blue and Blue Access Dental	9,539
Wellmark Health Plan of Iowa (WHPI) and Blue Access Dental	1,473
Total Enrollment October 31, 2006	20,860

B. Capitation Rates

The Board approved a 4.2 percent capitation rate increase for Wellmark Classic Blue and Blue Access Dental, and a 10.8 percent increase for AmeriChoice Health Plan (formerly John Deere Health Plan) effective July 1, 2006. Additionally, the Board approved a 4 percent increase effective January 1, 2006, and a 5 percent increase effective July 1, 2006, for Delta Dental of Iowa. Please refer to *Attachment 3: History of Per Member Per Month Capitation Rate for hawk-i* which outlines the historical and current per member per month (PM/PM) rate by federal and state funding and the annual percentage increase in capitation rates.

Attachment 4: County Health Plan Map and Enrollment by Health Plan Chart, History of Per Member Per Month Capitation Rate for hawk-i

IX. hawk-i BOARD MEMBERSHIP:

H.F. 49 requires the *hawk-i* Board to meet no less than six, and no more than twelve times per calendar year. The Board meets on the third Monday every other month; meeting agenda and minutes are available on the *hawk-i* Program web site at www.hawk-i.org.

hawk-i Board Membership in 2006

Name	City	Term Ending Date/ Type of Appointment
Susan Salter, Chair	Mount Vernon	April 30, 2007
Angelita Ramirez	Des Moines	April 30, 2008
Jim Yeast	Dubuque	April 30, 2007
John Baker; Vice Chair	Waterloo	April 30, 2008
Judy Jeffrey	Director Iowa Department of Education	Statutory
Dann Stevens	Designee of Director of Education	
Mary Mincer Hansen	Director Iowa Department of Public Health	Statutory
Julie McMahon	Designee of Director of Public Health	
Susan Voss	Commissioner of Insurance Iowa Department of Commerce	Statutory

Angela Burke Boston Designee of Commissioner of
Insurance Division

Ex officio members from the General Assembly

Senate

Amanda Ragan Mason City April 30, 2007

James Seymour Woodbine April 30, 2007

House

Mary Mascher Iowa City April 30, 2007

Polly Granzow Eldora April 30, 2007

*Attachment 5: Healthy and Well Kids in Iowa (**hawk-i**) Board Bylaws, Healthy and Well Kids in Iowa – **hawk-i** Board Members*

X. HIGHLIGHTS OF BOARD ACTIVITIES & MILESTONES:

December 2005

The Department informed the Board that John Deere is proposing to expand into 17 additional counties effective March 1, 2006. The Board unanimously granted the Department authority to pursue the expansion pending review of adequate access to provider networks in the expanded counties.

The Department advised the Board that John Deere has submitted a proposal to turn dental coverage over to Delta Dental of Iowa. The Board granted the Department authority to pursue a contract amendment with Delta Dental of Iowa making them the sole provider of dental benefits in the John Deere managed care counties.

The Department advised the Board that on December 6, 2005, John Deere health plan was sold to UnitedHealthcare. Provider networks, benefits, customer and provider services that provide services to **hawk-i** enrollees will remain the same.

The Board unanimously approved a 4 percent capitation rate increase for Delta Dental of Iowa effective January 1, 2006.

January 2006

No meeting.

February 2006

The Department informed the Board that the federal matching rate (FMAP) has gone down for FFY 2007 for both Medicaid and SCHIP. For Medicaid in FFY 2006 it was 63.61 percent and it is going down to 61.98 percent. For SCHIP it went down from 74.53 percent to 73.99 percent. The adjustment increases the amount of state money necessary to support the Program.

The Board unanimously approved:

- An amendment to the John Deere contract allowing expansion into 20 additional counties effective March 1, 2006. Any residents of those counties submitting new applications or renewals on or after March 1, 2006, for an effective date of April 1, 2006, or later, will be enrolled in John Deere. Families in those counties that are currently enrolled in Wellmark will stay enrolled in Wellmark until the time of their renewal, at which time they will be switched to John Deere.
- An amendment to the contract with Delta Dental of Iowa to provide dental coverage in the 20 additional counties covered by John Deere.
- An amendment to the contract with Wellmark Classic Blue removing 20 counties from their coverage as a result of John Deere Health and Delta Dental of Iowa expansion.

March 2006

No meeting.

April 2006

The Department was informed that effective July 1, 2006, everyone who applies or reapplies for Medicaid will be required to verify (prove) citizenship. This affects the *hawk-i* Program because approximately 40 percent of *hawk-i* applicants are referred to Medicaid. If applicants do not cooperate with Medicaid they cannot become eligible for the *hawk-i* Program even though verification of citizenship is not a *hawk-i* requirement.

The Department updated the Board that Wellmark approached the Department about offering their managed care plan, Wellmark Health Plan of Iowa (WHPI), to the *hawk-i* Program effective July 1, 2006. This plan is like an open access plan, but requires care through a participating provider. Enrollees do not have to go through their primary care physician unless it is for preventative care. Wellmark will cover dental under their Blue Access dental plan. Wellmark's proposal offered their managed care plan in 65 counties. The Board unanimously approved Wellmark's offer to begin offering their managed care product in 65 counties.

May 2006

The Board unanimously approved health and dental plan capitation rate increases for SFY 2007, which began July 1, 2006. Wellmark Classic Blue (indemnity) received a 4.2 percent increase, Delta Dental of Iowa a 5 percent increase, and John Deere health plan (without dental) received a 10.8 percent increase.

The Board unanimously approved the Wellmark Health Plan of Iowa (WHPI) capitation rate at \$177.31 per member per month effective July 1, 2006.

June 2006

The Board unanimously approved contracts between the Department and Wellmark Classic Blue, and Wellmark Health Plan of Iowa (WHPI).

The Board unanimously approved an amendment to the John Deere Health Plan contract with the Department. The amendment changed the name from John Deere Health Plan, Inc., to United HeathCare of the River Valley, Inc.

July 2006

The Board unanimously approved a three-year contract for the period July 1, 2006, through June 30, 2009 with three one-year extensions between Iowa Department of Public Health (IDPH) and the Department. IDPH is responsible for providing outreach services for the *hawk-i* program.

August 2006

The Board unanimously approved to elect Susan Salter as Chair and John Baker as Vice-Chair of the *hawk-i* Board for SFY 2007.

Three executive staff with MAXIMUS, the *hawk-i* Program's third party administrator, updated the Board on the conversion of the MAXSTAR computer system to the new oracle-based MAXe system. The new system was scheduled to be fully operational on November 1, 2005. The new system implementation was laden with system issues that, for the most part, have been resolved.

The Department updated the Board that due to the Accountable Government Act the Department is required to have a contract in place that is performance-based and has penalties associated with unsatisfactory performance. As of the August 21, 2006, Board meeting, the Department had applied \$92,000 in penalties for the period of time the MAXIMUS' contract provisions were not met.

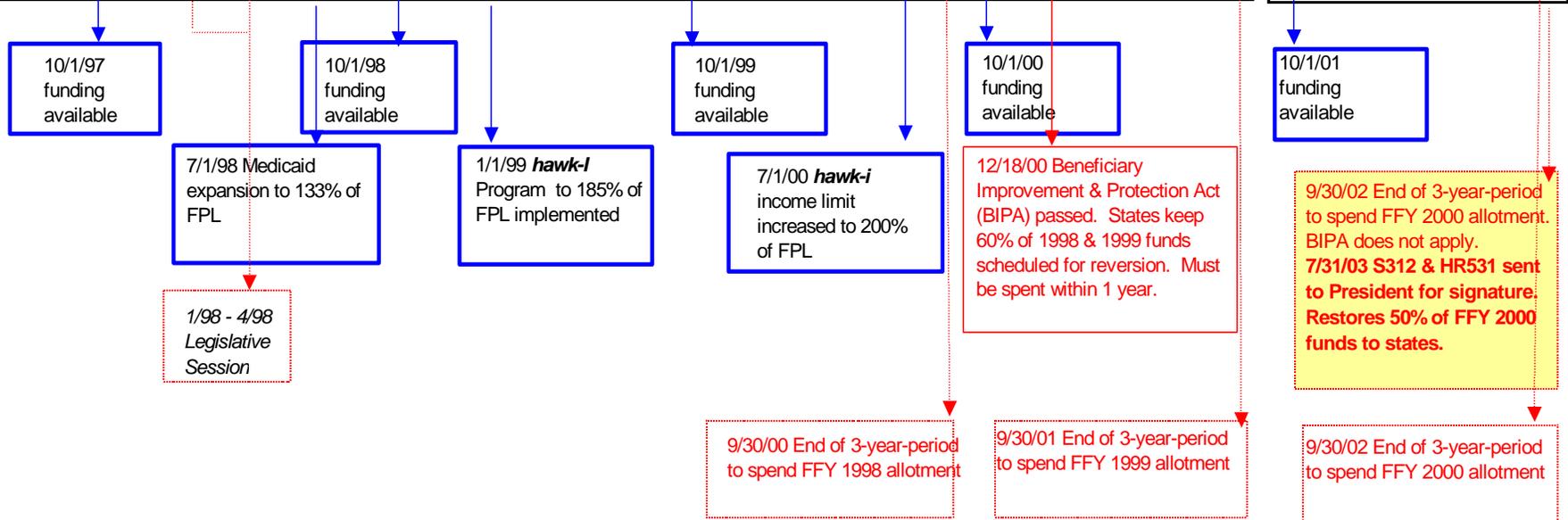
September, October, November 2006

No meetings.

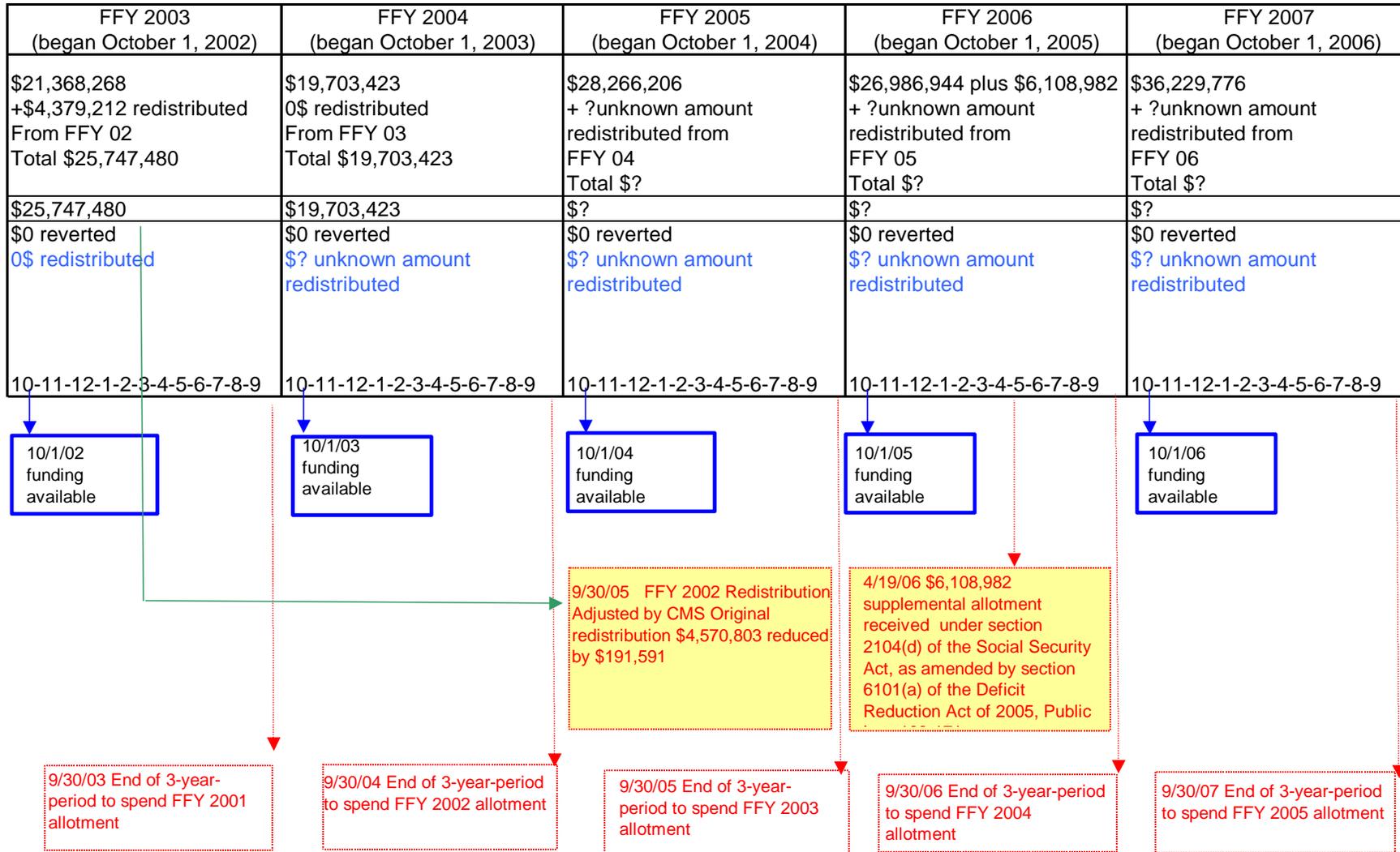
*Attachment 1: Allotment Expenditure History, SFY
2006 Final Budget Report, and SFY 2007
Budget*

IOWA'S FEDERAL SCHIP ALLOTMENTS FFY's 1998 – 2007

	FFY 1998 (began October 1, 1997)	FFY 1999 (began October 1, 1998)	FFY 2000 (began October 1, 1999)	FFY 2001 (began October 1, 2000)	FFY 2002 (began October 1, 2001)
Allotment	\$32,460,463	\$32,307,161 +\$3,957,863 retained from FFY 1998 Total \$36,265,024	\$32,382,884 +\$4,787,171 retained From FFY 1999 Total \$37,170,055	\$32,940,215 +\$4,222,574 retained From FFY 2000 Total \$37,162,789	\$22,411,236 +\$2,138,741 retained From FFY 2001 Total \$24,549,977
Expenditures	\$26,300,000	\$24,856,556	\$28,724,249	\$32,885,307	\$24,549,977
Unspent Funds	\$6.1 (\$2.2) reverted \$3.96 carried over to FFY 1999 \$0	\$11,387,174 (\$6.6) reverted \$4.8 carried over to FFY 2000 \$0	\$8.4 reverted (\$4.2) reverted \$4.2 carried over to FFY 2001 \$0	\$4,277 reverted (\$2.1) reverted \$2,138,741 carried over to FFY 2002 \$0	\$0 reverted \$4.4 million redistributed
Months of the Federal Fiscal Year	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9



IOWA'S FEDERAL SCHIP ALLOTMENTS FFY's 1998 – 2007



CHIP Budget
SFY 2006
June plus 90 (FINAL)

	FY 2006 Appropriation	\$ 16,568,275	
Amount of hawk-i Trust Fund dollars added to appropriation	\$ 2,062,614		actual
Amount funded by Tobacco Trust Fund	\$ 200,000		
Total state appropriation for FY 2006	<u>\$ 18,830,889</u>		
donations	\$ -		
Pam/Perm Grant dollars earned	\$ 3,714		
Wellmark Grant dollars earned	\$ 17,282		
total	\$ 18,851,885		

State Dollars

Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	\$5,938,800	\$4,538,096
HAWK-I premiums	\$11,131,164	\$10,444,326
Fiscal agent costs of processing Medicaid claims	\$111,554	\$0
Outreach	\$127,350	\$121,879
HAWK-I administration	\$610,821	\$547,857
Earned interest from HAWK-I fund	\$ -	-\$261,252
Totals	<u>\$ 17,919,689</u>	<u>\$15,390,906</u>

HAWK-I Trust Fund Balance (In State Dollars)

Amount in HAWK-I Trust Fund held in reserve at FY 05 year end	\$ 2,062,614
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CHIP Budget
SFY 2007
Nov-06

FY 2007 Appropriation	\$	19,703,715
Amount of <i>hawk-i</i> Trust Fund dollars added to appropriation	\$	3,465,015
Amount funded by Tobacco Trust Fund	\$	200,000
Total state appropriation for FY 2007	\$	23,368,730
donations	\$	-
Wellmark Grant dollars earned	\$	-
total	\$	23,368,730

State Dollars

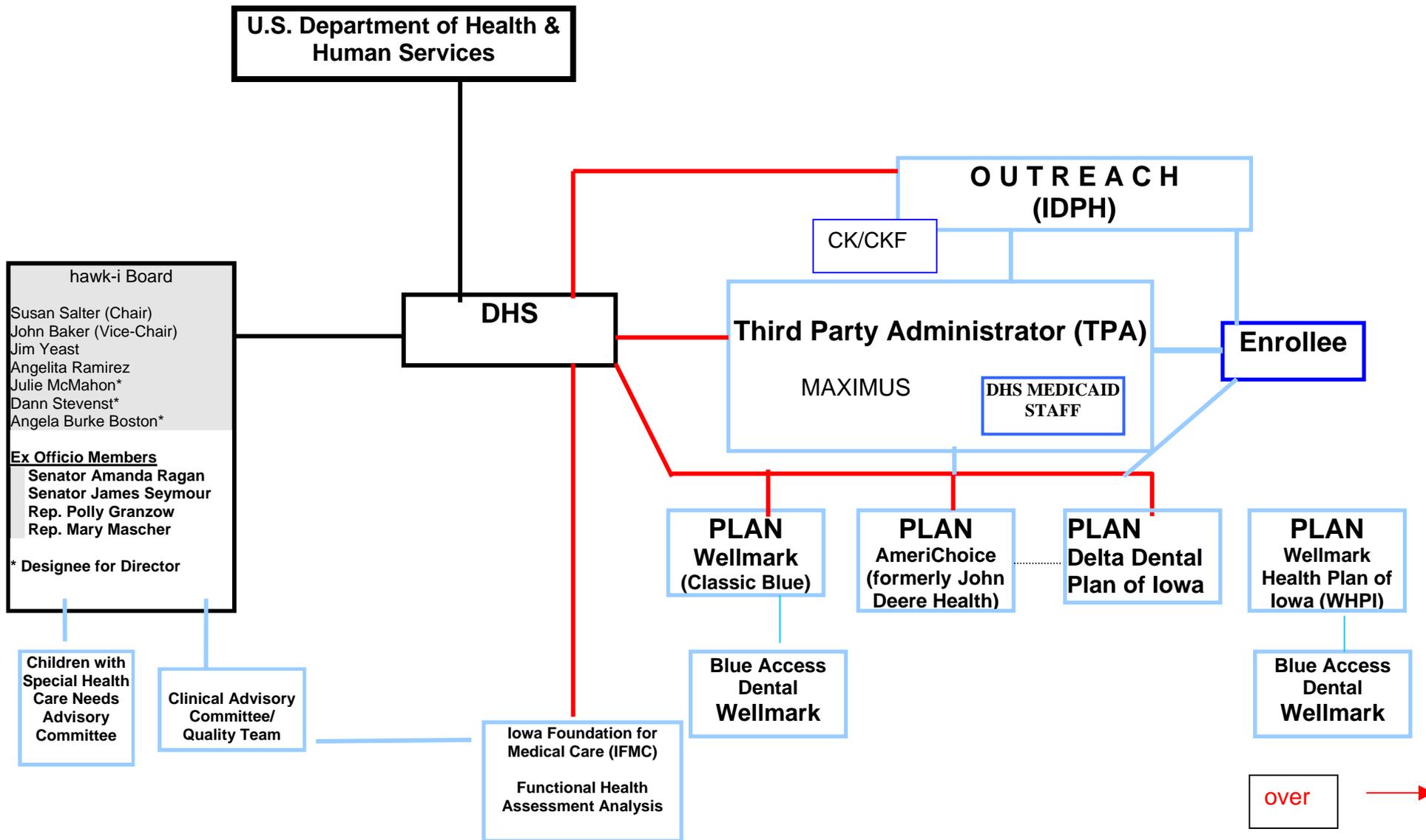
Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	\$7,027,503	\$2,006,990
HAWK-I premiums	\$12,152,670	\$4,861,141
Fiscal agent costs of processing Medicaid claims	\$145,843	\$0
Outreach	\$133,050	\$45,448
HAWK-I administration	\$682,894	\$111,488
Earned interest from HAWK-I fund	\$ -	-\$130,886
Totals	\$ 20,141,960	\$ 6,894,181

HAWK-I Trust Fund Balance (In State Dollars)

Amount in HAWK-I Trust Fund held in reserve at FY 06 year end	\$	3,465,015
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*Attachment 2: Organization of **hawk-i** Program
Chart, History of Participation of Children in
Medicaid and **hawk-i**, Iowa's SCHIP Program
Combination Medicaid Expansion and **hawk-i***

Organization of the *hawk-i* Program



Referral Sources/Outreach Points

Any entity that is accessed by children or their families is potentially an outreach point where applications and information about the program could be available. In addition to local DHS offices, schools, daycare centers, WIC sites, etc., other potential sources through which information could be provided may include organizations that deal with children (Girl Scouts, Boy Scouts, Little League, Big Brothers and Sisters, YMCA, etc.) and places frequented by children and their families (churches, fast food restaurants, roller skating rinks, & toy stores). Applications would be sent to the TPA.

Function of the outreach points:

1. Disseminate information about the program.
2. Assist with the application process if able.

hawk-i Board

The function of the **hawk-i** Board includes, but is not limited to:

1. Adopt administrative rules developed by DHS
2. Establish criteria for contracts and approve contracts
3. Approve benefit package
4. Define regions of the state
5. Select a health assessment plan
6. Solicit public input about the **hawk-i** program
7. Establish and consult with the clinical advisory committee
8. Establish and consult with the advisory committee on children with special health care needs
9. Make recommendations to the Governor and General Assembly on ways to improve the program

Third Party Administrator (TPA)

The functions of the TPA include, but may not be limited to:

1. Receive applications and determine eligibility for the program.
2. Staff a 1-800 number to answer questions about the program and assist in the application process.
3. Coordinate with DHS when it appears an applicant may qualify for Medicaid.
4. Determine the amount of family cost sharing.
5. Bill and collect cost sharing.
6. Assist the family in choosing a plan.
7. Notifying the plan of the enrollment.
8. Provide customer service functions to the enrollees.
9. Provide statistical data to DHS.

Clinical and Children with Special Health Care Needs Advisory Committees

1. The Clinical Advisory Committee is made up of health care professionals who advise the **hawk-i** Board on issues around coverage and benefits.
2. The Children with Special Health Care Needs Advisory Committee is made up of health care professionals, advocates, and parents who provide input to the **hawk-i** Board on how to best meet the needs of children with special health care issues.

DHS

The function of DHS includes, but is not limited to:

1. Work with the **hawk-i** Board to develop policy for the program
2. Oversee administration of the program.
3. Administer the contracts with the TPA, plans, and U of I.
4. Administer the State Plan.
5. Coordinate with the TPA when individuals applying for the **hawk-i** program may be Medicaid eligible and when Medicaid eligible recipients lose eligibility.
6. Provide statistical data and reports to CMS.

Plans

The functions of the plan(s) are to:

1. Provide services to the enrollee in accordance with their contract.
2. Issue insurance cards.
3. Process and pay claims.
4. Provide statistical and encounter data to the TPA.

Medicaid Staff

The function of the Medicaid staff who are co-located at MAXIMUS is to determine Medicaid eligibility when a person who applies for **hawk-i** is referred to Medicaid.

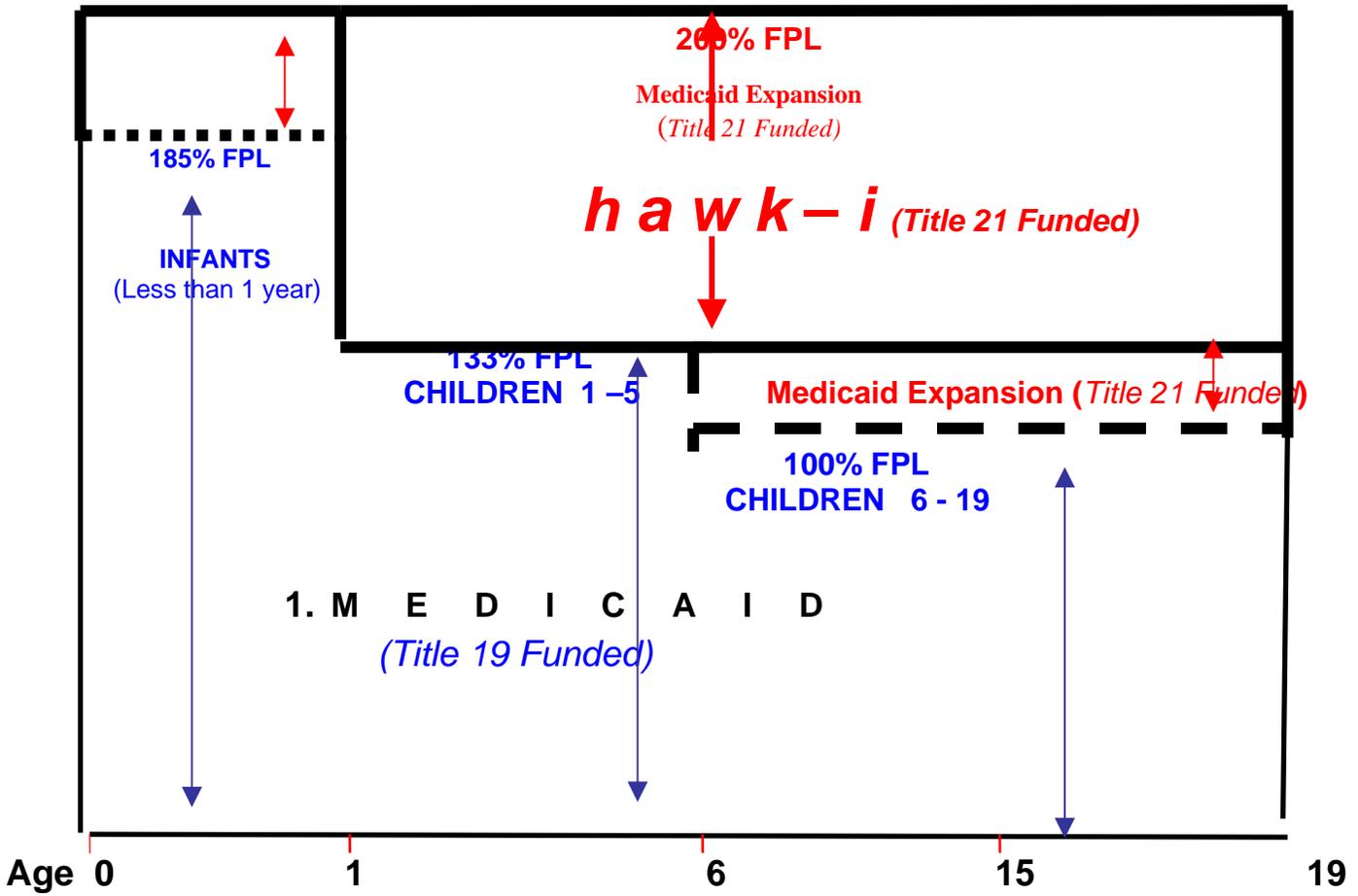
History of Participation of Children in Medicaid and *hawk-i*

Month	Total Children on Medicaid	SCHIP (Title XXI Program)	
		Expanded Medicaid*	<i>hawk-i</i> Program (began 1/1/99)
SFY 99	91,737		
SFY 00			
Jul-99	104,156	7,891	2,104
SFY 01			
Jul-00	106,058	8,477	5,911
SFY 02			
Jul-01	126,370	11,316	10,273
SFY 03			
Jul-02	140,599	12,526	13,847
SFY 04			
Jul-03	152,228	13,751	15,644
SFY 05			
Jul-04	164,047	14,764	17,523
SFY 06			
Jul-05	171,727	15,497	20,412
SFY 07			
Jul-06	179,967	16,116	20,775
Aug-06	178,899	16,056	20,940
Sep-06	178,514	16,131	21,086
Oct. 06	179,190	16,323	20,986
Nov. 06	178,868	15,855	20,874
		Total SCHIP Enrollment	36,729

Total growth in Medicaid enrollment from SFY 99 to present =	87,131
Total growth in <i>hawk-i</i> enrollment from SFY 99 to present =	20,874
Total children covered	108,005

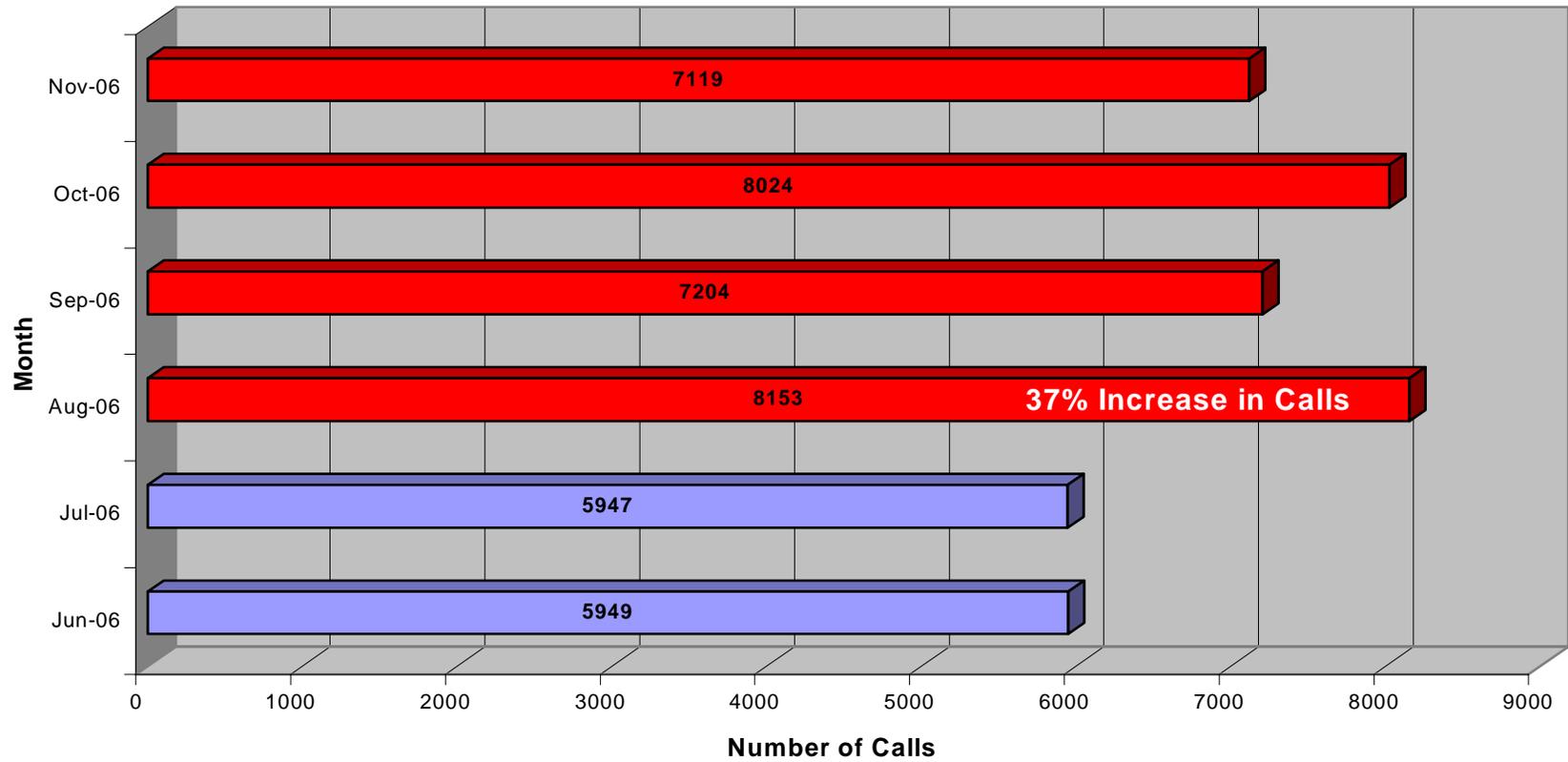
*Expanded Medicaid number is included in "Total Children on Medicaid" number

IOWA'S CHIP PROGRAM
COMBINATION MEDICAID EXPANSION AND *hawk-i*

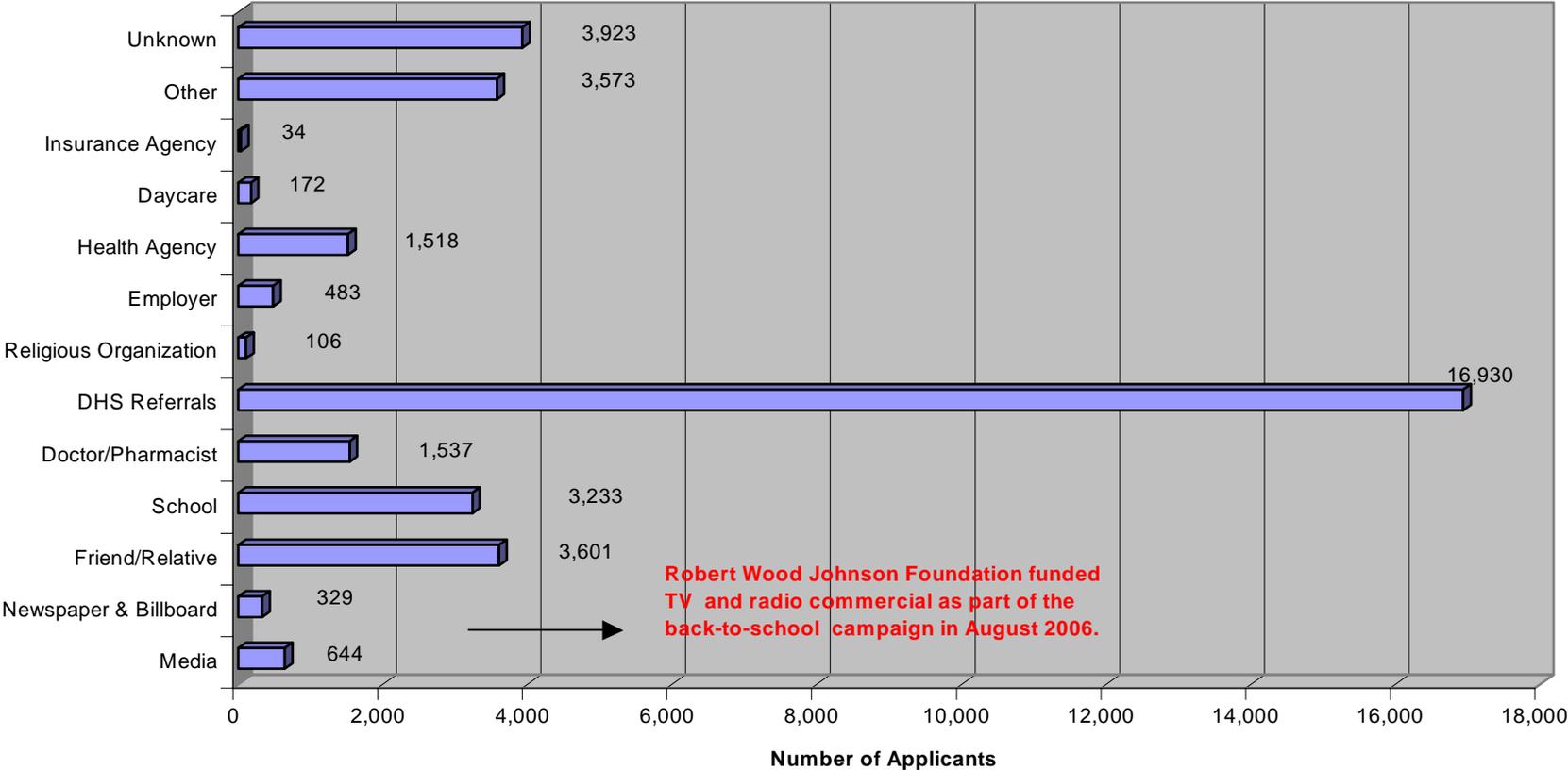


*Attachment 3: **hawk-i** Call Center Activity Increases 37% in August 2006, How Applicants Heard About **hawk-i** in Calendar Year 2006*

***hawk-i* Call Center Activity Increases 37 % in August 2006
With Robert Wood Johnson Foundation
Back-to-School Media Campaign**



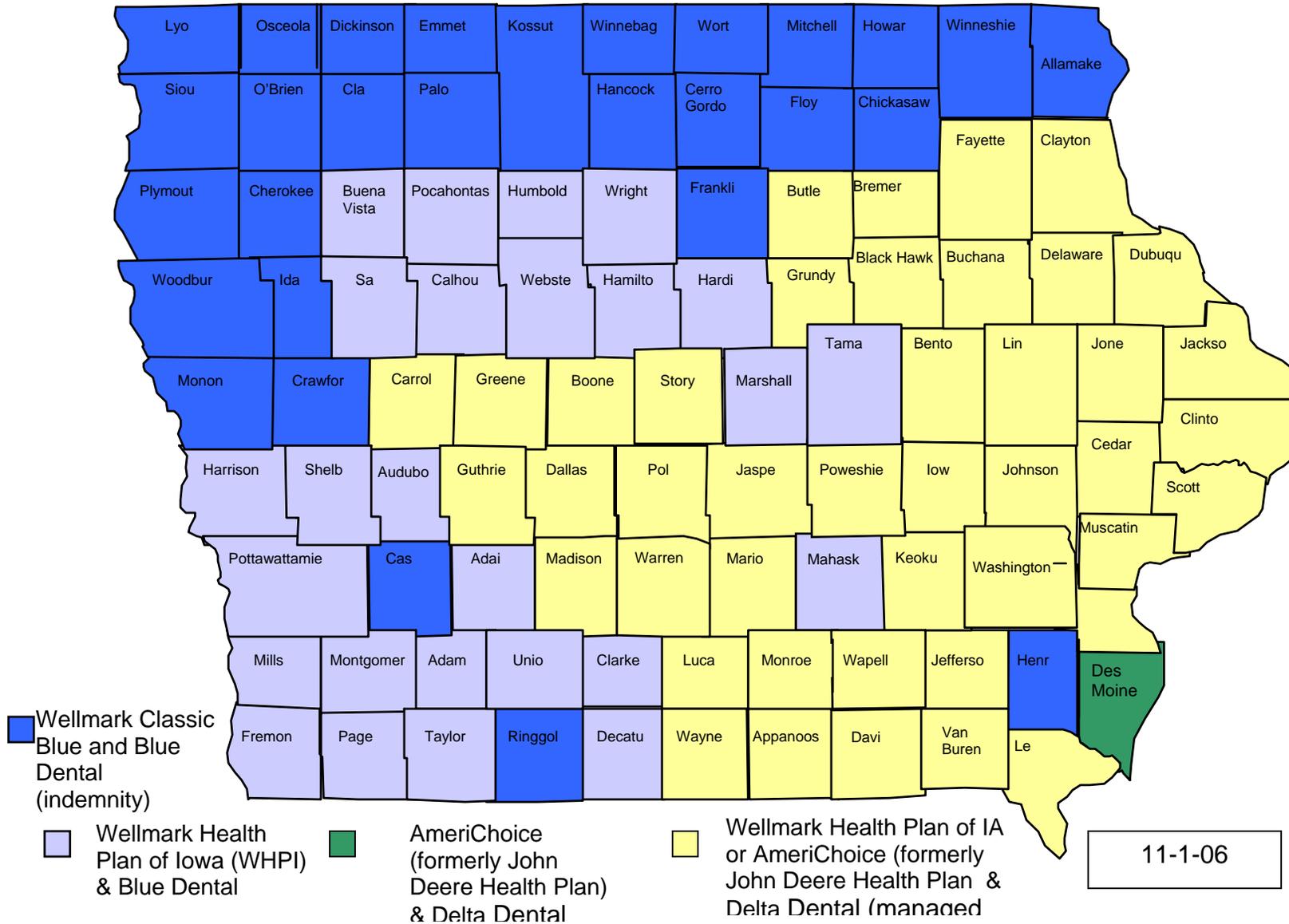
How Applicants Heard About *hawk-i* in Calendar Year 2006



***Attachment 4: County Health Plan Map,
Enrollment by Health Plan Chart, and History
of Per Member Per Month Capitation Rate
for hawk-i***

hawk-i

Health Plan Coverage Area Enrollment Effective 11-1-06



History of Per Member Per Month Capitation Rate for *hawk-i*

State Fiscal Year (SFY)	Managed Care Health and Dental Monthly Capitation Rate		Managed Care Health and Dental Capitation Percent Increase (SFY)	Wellmark Classic Blue (Indemnity) & Blue Dental Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY '00	\$84.97			\$110.63		
	<u>\$63.00</u> 74.14%*	<u>\$21.97</u> 25.86%*		<u>\$82.02</u> 74.14%*	<u>\$28.61</u> 25.86%*	
SFY '01	\$90.92		7%	\$118.37		7%
	<u>\$67.16</u> 73.87%*	<u>\$26.76</u> 26.13%*		<u>\$87.44</u> 73.87%*	<u>\$30.93</u> 26.13%*	
SFY '02	\$106.52		17%	\$131.98		12%
	<u>\$78.82</u> 74.00%*	<u>\$27.70</u> 26.00%*		<u>\$97.67</u> 74.00%*	<u>\$34.31</u> 26.00%*	
SFY '03	\$119.30		12%	\$155.87		18%
	<u>\$88.82</u> 74.45%*	<u>\$30.48</u> 25.55%*		<u>\$116.05</u> 74.45%*	<u>\$39.82</u> 25.55%*	
SFY '04	\$131.23		10%	\$169.59		9%
	<u>\$98.09</u> 74.75%*	<u>\$33.14</u> 25.25%*		<u>\$126.77</u> 74.75%*	<u>\$42.82</u> 25.25%*	
SFY '05 (7-1-2004)	\$148.30	\$110.85 74.75%*	\$37.45 25.25%*	\$169.59	\$126.77 74.75%*	\$42.82 25.25%*
SFY '05 (1-1-2005)	John Deere			Wellmark Classic Blue and Blue Access Dental		
Health Only	\$132.74		N/A	N/A		N/A
	<u>\$98.88</u> 74.49%*	<u>\$33.86</u> 25.51%*				
Health and Dental	\$148.30		N/A	N/A		N/A
	<u>\$110.47</u> 74.49%*	<u>\$37.83</u> 25.51%*				
SFY '05 (1-1-2005)	Delta Dental of Iowa			N/A		
	\$15.94		N/A	N/A		N/A
	<u>\$11.87</u> 74.49%*	<u>\$4.07</u> 25.51%*				
SFY '06 (7-1-05)	AmeriChoice (formerly John Deere Health Plan)			Wellmark Classic Blue and Blue Access Dental		
Health Only	\$143.36		8%	N/A		N/A
	<u>\$106.79</u> 74.49%*	<u>\$36.57</u> 25.51%*				
Health and Dental	\$160.16		8%	\$176.13		3.9%
	<u>\$119.30</u> 74.49%*	<u>\$40.86</u> 25.51%*		<u>\$131.19</u> 74.49%	<u>\$44.94</u> 25.51%	
Dental Only	Delta Dental of Iowa		0%	N/A		N/A
	\$15.94					
	<u>\$11.87</u> 74.49%	<u>\$4.07</u> 25.51%		N/A		N/A
Dental Only (1-1-2006)	Delta Dental of Iowa		4%	N/A		N/A
	\$16.58					
	<u>\$12.35</u> 74.53%	<u>\$4.23</u> 25.47%		N/A		N/A

History of Per Member Per Month Capitation Rate for *hawk-i*

State Fiscal Year (SFY)	Managed Care Health and Dental Monthly Capitation Rate		Managed Care Health and Dental Capitation Percent Increase (SFY)	Wellmark Classic Blue (Indemnity) & Blue Dental Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY '07 (7-1-06)	AmeriChoice			Wellmark Classic Blue and Blue Access Dental		
Health Only	\$158.86		10.8%	\$183.60		4.2%
	\$118.40 74.53%	\$40.46 25.47%		\$136.84 74.53%	\$46.76 25.47%	
Dental Only ^{**} (7-1-06)	Dental Dental of Iowa ^{**}					
	\$17.41					
	\$12.98 74.53%	\$4.43 25.47%	5%			
Health and Dental (7-24-06)	Wellmark Health Plan of Iowa (WHPI) and Blue Access Dental					
	\$177.31		0%			
	\$132.15 74.53%	\$45.16 25.47%				

***Attachment 5: Healthy and Well Kids in Iowa
(hawk-i) Board Bylaws, Healthy and Well Kids in
Iowa (hawk-i) Board Members***



BYLAWS

Healthy and Well Kids in Iowa (*hawk-i*) Board

I. NAME AND PURPOSE

- A. The *hawk-i* Board, hereafter referred to as the Board, is established and operates in accordance with the Code of Iowa.
- B. The Board's specific powers and duties are set forth in Chapter 514I of the Code of Iowa.

II. MEMBERSHIP

- A. The Board consists of eleven (11) members. Four members are appointed by the Governor to two-year terms. Statutory members are the Director of the Department of Education, the Director of the Department of Public Health, and the Commissioner of Insurance, or their designees. Ex officio members from the General Assembly are appointed: two Senate members and two House members.

III. BOARD MEETINGS

- A. The Board shall conduct its meetings in accordance with Iowa's Open Meetings Law.
- B. The Board shall conduct its meetings according to parliamentary procedures as outlined in Robert's Rules of Order. These rules may be temporarily suspended by the Chairperson with a majority vote of the Board members in attendance.
- C. The Board shall meet at least six times a year at a time and place determined by the chairperson.
- D. Department of Human Services (DHS) staff will ship the meeting packets (including the agenda) to Board members at least five days prior to Board meetings.
- E. Special meetings may be held at any time at the call of the chairperson, the DHS program manager or at the call of any five members of the Board, provided that notice thereof be given to all Board members at least twenty-four hours in advance of the special meeting.
- F. A quorum at any meeting shall consist of five or more voting Board members.
- G. DHS staff shall be present and participating at each meeting of the Board.
- H. The Board shall record its proceedings as minutes and shall maintain those minutes in accordance with the Iowa Open Records Law.

IV. **OFFICERS AND COMMITTEES**

- A. The officers of the Board shall be chairperson and vice-chairperson. DHS staff will serve as Secretary. The chairperson and vice-chairperson shall be elected at the first regular meeting of each fiscal year and shall assume their duties at next meeting or immediately upon the resignation of the current officers.
- B. The duties of all officers shall be such as by custom and law and the provisions of the Act as usually devolving upon such officers in accordance with their titles.
- C. The chairperson shall appoint committees as are needed and/or recommended unless provided for statutorily.
- D. Each committee shall act in an advisory capacity and shall report its recommendations to the full Board.

V. **DUTIES AND RESPONSIBILITIES**

- A. The Board shall have the opportunity to review, comment, and make recommendations to the proposed *hawk-i* budget request.
- B. The Board shall set policy and adopt rules. The DHS program manager will periodically make policy recommendations to the Board in order to promote efficiency or to bring the program into compliance with state or federal law.
- C. DHS staff shall keep the Board informed on budget, program development, and policy needs.

VI. **AMENDMENTS**

- A. Amendments to these bylaws may be proposed at any regular meeting but become effective only after a favorable vote at a subsequent meeting. Any of the foregoing rules may be temporarily suspended by a unanimous vote of all the members present at any meeting provided they do not conflict with the provisions of the Act.

Healthy and Well Kids in Iowa

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as of August, 2006

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